

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-003457

STATE FILE NUMBER

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

318
FILED JAN 19 1962

1003

472

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN ST..LOUIS, MO.Length of stay in 1b
3 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.

b. COUNTY

c. CITY
OR
TOWN St. LouisInside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION ST. LOUIS CITY HOSP. #IInside Limits
Yes ☒ No ☐d. STREET
ADDRESS 3427 WashingtonReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First
MARIE

Middle

Last
BARTOS4. DATE
OF
DEATHMonth
IDay
IIYear
625. SEX
F6. COLOR OR RACE
W7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐8. DATE OF BIRTH
8-3-879. AGE (last birthday)
74IF UNDER 1 YEAR
Months DaysIF UNDER 24 HR
Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Sorter10b. KIND OF BUSINESS OR INDUSTRY
Laundry11. BIRTHPLACE (City and state or country)
St. Louis, Mo.12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Anton Bartos

13b. MOTHER'S MAIDEN NAME

Mary Kratzman

14. NAME OF HUSBAND OR WIFE

none

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address Berkeley

Margaret Gorman Taber 8909 Bobb

18. CAUSE OF DEATH (Enter only one cause per line for
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CR of lung suspected

INTERVAL BETWEEN
ONSET AND DEATHConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

163x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

PNEUMONIA, BASILAR ART. INSUFFIC.

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from I/8/62

to I/II/62

and last saw her
him alive on I/II/62

Death occurred at 1:30 AM

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

J. E. Brumby M.D.

22b. ADDRESS

1515 LAFAYETTE AVE.

22c. DATE SIGNED

I/II/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

1-12-62

23c. NAME OF CEMETERY OR CREMATORY

Calvary Cem

23d. LOCATION (City, town, or county)

St. Louis, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Baumann Bros. Inc.

25. DATE RECD. BY LOCAL REG.

JAN 11 1962

26. REGISTRAR'S SIGNATURE

Carol Smith M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address St. L. 14 Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.